Communicable Disease Epidemiology and Immunization Section
401 Fifth Avenue South, Suite 900
Seattle, WA 98104-1818
206-296-4774 Fax 206-296-4803
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

Health Advisory: Influenza Update, 7 JAN 2015

Action requested:

- **Be aware that influenza A H3N2 is circulating at high levels locally.**
- **Be familiar with recommendations for influenza antiviral drug treatment to reduce complications among outpatients with influenza-like illness (ILI) who are at increased risk for influenza-associated complications and for hospitalized patients with ILI.**
- **Antiviral treatment should not be withheld while awaiting results of influenza testing in persons with ILI at increased risk.**
- **Antiviral treatment should be administered based on patients' clinical status and risk factors for influenza-associated complications regardless of vaccination status.**
- **A negative rapid test for influenza in a patient with ILI does not rule out influenza infection.**

Background: Influenza activity indicators locally are at their highest level since 2009. In years when influenza A H3N2 predominates, greater numbers of illnesses, hospitalizations, institutional outbreaks, and deaths are expected. In addition, antigenic drift in the circulating H3N2 strain has resulted in a poor match with the H3N2 vaccine strain and vaccine effectiveness against this strain, if any, is expected to be reduced (There is no current concern for reduced vaccine effectiveness against influenza B viruses that typically circulate later in the season). High levels of influenza activity will likely persist for several weeks or more.

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. **Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications.**

Persons at higher risk for influenza complications recommended for antiviral treatment include:

- **children aged younger than 2 years;**
- **adults aged 65 years and older;**
- **persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions, [stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury];**
- **persons with immunosuppression, including that caused by medications or HIV infection;**
- **women who are pregnant or postpartum (within 2 weeks after delivery);**
- **persons aged younger than 19 years who are receiving long-term aspirin therapy;**
- **American Indians/Alaska Natives;**
- **morbidly obese persons (i.e., body mass index is equal to or greater than 40); and**
- **residents of nursing homes and other chronic care facilities.**

- Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for high-risk outpatients.
- When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment might have some benefits in patients with severe, complicated or progressive illness, and in hospitalized patients when started after 48 hours of illness onset.
- **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza** (see resources on Diagnostic Testing for Influenza).
- While influenza vaccination is the best way to prevent influenza illness, a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.
- Antiviral treatment also can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset.
- Oral oseltamivir is preferred for treatment of pregnant women. Pregnant women are recommended to receive the same antiviral dosing as non-pregnant persons. See resources for Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for additional information.

Special consideration for institutional settings: Use of neuraminidase inhibitor medications when indicated for treatment or prevention.

- **Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who: is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. Antiviral chemoprophylaxis should be used for prevention of influenza when indicated for institutional influenza outbreaks, and may be considered for those who have contraindications to influenza vaccination. CDC recommends antiviral chemoprophylaxis for a minimum of two weeks, and continuing for at least seven days after the last known case was identified.**

Resources

- **CDC antiviral drug info for healthcare professionals**
  - **http://www.cdc.gov/flu/professionals/antivirals/index.htm**
- **Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza**
  - **http://www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm**
- **Public Health Seattle & King County weekly influenza surveillance reports**
  - **http://www.kingcounty.gov/healthservices/health/communicable/immunization/fluactivity.aspx**